

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

DOUGLAS HANNAH,
aka DOUGLAS R. L. HANNAH,
aka DOUGLAS RAJON LEE HANNAH,
aka DOUG HANNAH,
Clovis, CA 93613-1583

Registered Nurse License No. 541002

Respondent.

Case No. 2007-163

OAH No. N2007010843

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby
adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on October 4, 2007.

IT IS SO ORDERED September 4, 2007.

LaTranene W Tate

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PROPOSED DECISION

Administrative Law Judge David L. Benjamin, State of California, Office of Administrative Hearings, heard this matter in Oakland, California, on May 14, 2007.

Deputy Attorney General Maretta D. Ward represented complainant Ruth Ann Terry, M.P.H., R.N., Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs.

Respondent Douglas Hannah represented himself.

The matter was submitted on May 14, 2007.

FACTUAL FINDINGS

1. On February 27, 1998, the Board of Registered Nursing (board) issued Registered Nurse License No. 541002 to respondent Douglas Hannah, also known as Douglas R. L. Hannah, Douglas Rajon Lee Hannah, and Doug Hannah. The license will expire on March 31, 2008, unless renewed. Ruth Ann Terry, R.N., M.P.H., acting in her official capacity as the Executive Officer of the board, filed an accusation against respondent's license. Respondent filed a notice of defense.

2. Respondent stipulated that he is subject to disciplinary action pursuant to Business and Professions Code section 2761, subdivision (f), in that on or about October 5, 2004, in the criminal proceeding titled People v. Douglas Hannah (Fresno County Superior

Court Case No. T040006622-1), he was convicted by the court on his plea of no contest of a violation of Vehicle Code section 23152, subdivision (b) (driving with a blood alcohol level of 0.08 percent or higher),¹ and a violation of Vehicle Code section 20002, subdivision (a) (hit and run), crimes substantially related to the qualifications, functions, and duties of a registered nurse.

The circumstances of the crimes are that on or about June 9, 2004, respondent unlawfully drove a vehicle while having 0.08 percent and more, by weight, of alcohol in his blood (respondent's blood alcohol level was determined to be 0.35 percent). Further, respondent, who was the driver of a vehicle involved in an accident resulting in damage to property, unlawfully failed to stop the vehicle at the scene of the accident and inform the owner of the damaged property or a law enforcement agency as required by law.

3. Respondent stipulated that he is subject to disciplinary action pursuant to Business and Professions Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Business and Professions Code section 2762, subdivision (b), in that on or about June 9, 2004, he used alcoholic beverages to an extent or in a manner dangerous or injurious to himself and others, as set forth in Finding 2.

4. Respondent stipulated that he is subject to disciplinary action pursuant to Business and Professions Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Business and Professions Code section 2762, subdivision (c), in that on or about October 5, 2004, he was convicted of a criminal offense involving the consumption of alcoholic beverages, as set forth in Finding 2.

5. Respondent stipulated that he is subject to disciplinary action pursuant to Business and Professions Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Business and Professions Code section 2762, subdivision (a), in that in and between November 2001 and December 2001, while employed and on duty as a registered nurse in the Emergency Room (ER) at French Hospital Medical Center (FHMC), San Luis Obispo, California, he obtained the controlled substances morphine, Dilaudid, and Fentanyl by fraud, deceit, misrepresentation, or subterfuge, in violation of Health and Safety Code section 11173, subdivision (a), as follows:

Patient/Medical Record No. H003843131:

a. On or about November 17, 2001, at 2247 hours, respondent obtained an unknown quantity of morphine by removing morphine 20 mg from the Pyxis under Patient H003843131's name when, in fact, the physician's order called for the administration of only 2 to 10 mg of the medication to the patient. Further, respondent falsified or made grossly incorrect, grossly inconsistent, or unintelligible

¹ The accusation alleges that this section prohibits driving with a blood alcohol level of ".20% or higher," but this appears to be a typographical error.

entries in the ER records to conceal his diversion of the morphine, as set forth in Finding 6a.

b. On or about November 17, 2001, respondent obtained Dilaudid 2 mg by removing the Dilaudid from the Pyxis under Patient H003843131's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, respondent failed to chart the administration or wastage of the Dilaudid in the ER records and otherwise account for the disposition of the Dilaudid 2 mg.

c. On or about November 18, 2001, respondent obtained Dilaudid 2 mg by removing the Dilaudid from the Pyxis under Patient H003843131's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, respondent failed to chart the administration or wastage of the Dilaudid in the ER records and otherwise account for the disposition of the Dilaudid 2 mg.

Patient/Medical Record No. H3846041:

d. On or about November 19, 2001, respondent obtained an unknown quantity of morphine by removing various doses of morphine from the Pyxis under Patient H3846041's name in excess of the quantities ordered by the patient's physician. Further, respondent falsified or made grossly incorrect, grossly inconsistent, or unintelligible entries in the ER records to conceal his diversion of the morphine, as set forth in Findings 6c and 6d.

Patient/Medical Record No. H3851320:

e. On or about November 20, 2001, respondent obtained a total of 20 mg of morphine by removing two separate doses of morphine 10 mg from the Pyxis under Patient H3851320's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, respondent failed to chart the administration or wastage of the morphine in the ER records and otherwise account for the disposition of the morphine 20 mg.

Patient/Medical Record No. H003886972:

f. On or about December 5, 2001, respondent obtained morphine 10 mg by removing the morphine from the Pyxis under Patient H003886972's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, respondent failed to chart the administration or wastage of the morphine in the ER records and otherwise account for the disposition of the morphine 10 mg.

Patient/Medical Record No. H003886352:

g. On or about December 5, 2001, respondent obtained Fentanyl 100 mcg

by removing the Fentanyl from the Pyxis under Patient H003886352's name and failing to chart the administration or wastage of the Fentanyl in the ER records or otherwise account for the disposition of the Fentanyl 100 mcg.

Patient/Medical Record No. H003893251:

h. On or about December 6, 2001, respondent obtained Dilaudid 4 mg by removing the Dilaudid from the Pyxis under Patient H003893251's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, respondent failed to chart the administration or wastage of the medication in the ER records and otherwise account for the disposition of the Dilaudid 4 mg.

6. Respondent stipulated that he is subject to disciplinary action pursuant to Business and Professions Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Business and Professions Code section 2762, subdivision (e), in that in and between November 2001 and December 2001, while employed and on duty as a registered nurse at FHMC, respondent falsified, or made grossly incorrect, grossly inconsistent, or unintelligible entries in hospital, patient, or other records pertaining to the controlled substances morphine, Dilaudid, and Fentanyl, as follows:

Patient/Medical Record No. H003843131:

a. On November 17, 2001, at 2247 hours, respondent removed morphine 20 mg from the Pyxis under Patient H003843131's name, when, in fact, the physician's order called for the administration of only 2 to 10 mg of the medication to the patient. Further, respondent charted in the ER records that he administered morphine to the patient at 2240 hours, but failed to document the amount of medication administered.

b. On November 17, 2001, at 0010 hours, respondent removed morphine 10 mg from the Pyxis under Patient H003843131's name, charted in the ER records that he administered 5 mg morphine to the patient at 0010 hours, but charted the remaining 5 mg morphine to the patient at 0030 hours.

Patient/Medical Record No. H3846041:

c. On November 19, 2001, at 1741 hours, respondent removed morphine 10 mg from the Pyxis under Patient H3846041's name, when, in fact, the physician's order called for the administration of only 3 mg morphine to the patient. Further, respondent charted in the ER records that he administered 6 mg morphine to the patient at 1700 hours, failed to chart the wastage of the remaining 4 mg morphine and otherwise account for the disposition of the 4 mg morphine.

d. On November 19, 2001, at 1911 hours, respondent removed morphine 10 mg from the Pyxis under Patient H3846041's name, when, in fact, the physician's order called for the administration of only 3 mg morphine to the patient. Further, respondent charted in the ER records that he administered 6 mg morphine to the patient at 1910 hours, failed to chart the wastage of the remaining 4 mg morphine and otherwise account for the disposition of the 4 mg morphine.

Patient/Medical Record No. H3851320:

e. On November 20, 2001, at 2229 hours, respondent removed Dilaudid 2 mg from the Pyxis under Patient H3851320's name, but charted in the ER records that he administered 1 mg Dilaudid to the patient at 2230 hours, failed to chart the wastage of the remaining 1 mg Dilaudid and otherwise account for the disposition of the 1 mg Dilaudid.

Patient/Medical Record No. H003886352:

f. On December 5, 2001, at 0847 hours, respondent removed Fentanyl 100 mcg from the Pyxis under Patient H003886352's name, but failed to chart the administration or wastage of the medication in the ER records or otherwise account for the disposition of the Fentanyl 100 mcg.

7. Respondent stipulated that he is subject to disciplinary action pursuant to Business and Professions Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Business and Professions Code section 2762, subdivision (a), in that on or about October 31, 1998, and November 18, 1998, while employed by ATC Nurse Registry, San Francisco, California, and assigned to work and on duty as a registered nurse in the Emergency Department (ED) at Kaiser Permanente Hospital, Walnut Creek, California, respondent obtained the controlled substance Demerol by fraud, deceit, misrepresentation, or subterfuge in violation of Health and Safety Code section 11173, subdivision (a), as follows:

a. On or about October 31, 1998, respondent obtained an unknown quantity of Demerol by removing Demerol 100 mg from the Pyxis under Patient 06736009's name, when, in fact, the physician's order called for the administration of only 60 mg Demerol to the patient. Further, respondent falsified or made a grossly incorrect, grossly inconsistent, or unintelligible entry in the ED records to conceal his diversion of the Demerol, as set forth in Finding 8b.

b. On or about November 18, 1998, respondent obtained a total of 175 mg of Demerol by removing Demerol 75 mg from the Pyxis at 1644.03 hours and Demerol 100 mg from the Pyxis at 1650.45 under Patient 0423342's name when, in fact, the physician's order called for the administration of only 75 mg of Demerol. Further, respondent failed to chart the administration or wastage of the medication in the ED records and otherwise account for the disposition of the Demerol 175 mg.

8. Respondent stipulated that he is subject to disciplinary action pursuant to Business and Professions Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Business and Professions Code section 2762, subdivision (e), in that in and between October 1998, and November 1998, while employed by ATC Nurse Registry, San Francisco, California, and assigned to work and on duty as a registered nurse in the ED at Kaiser Permanente Hospital, Walnut Creek, California, respondent falsified, or made grossly incorrect, grossly inconsistent, or unintelligible entries in hospital, patient, or other records pertaining to the controlled substance Demerol and dangerous drugs Phenergan and Vistaril, as follows:

Patient/Medical Record No. 01248607:

a. On October 31, 1998, at 2049:26, respondent removed hydroxyzine (Vistaril) 50 mg from the Pyxis under Patient 01248607's name, when, in fact, the physician's order called for the administration of Phenergan 50 mg to the patient. Further, respondent charted in the ED records that he administered Phenergan 50 mg to the patient at 2052 hours.

Patient/Medical Record No. 06736009:

b. On October 31, 1998, at 1827.43 hours, respondent removed Demerol 100 mg from the Pyxis under Patient 06736009's name when, in fact, the physician's order called for the administration of only 60 mg Demerol to the patient. Further, respondent charted in the ED records that he administered Demerol 60 mg to the patient at 1835 hours, but failed to chart the wastage of the remaining Demerol 40 mg or otherwise account for the disposition of the Demerol 40 mg. In addition, respondent noted the physician's order for Demerol 60 mg in the ED records at 1840 hours.

c. On October 31, 1998, at 1828.21 hours, respondent removed hydroxyzine (Vistaril) 50 mg from the Pyxis under Patient 06736009's name when, in fact, the physician's order called for the administration of Phenergan 25 mg to the patient. Further, respondent charted in the ED records that he administered Phenergan 25 mg to the patient at 1835 hours. In addition, respondent noted the physician's order for Phenergan 25 mg in the ED records at 1840 hours.

Patient/Medical Record No. 04233342:

d. On November 18, 1998, between 1644.03 and 1650.45 hours, respondent removed a total of 175 mg of Demerol from the Pyxis under Patient 04233342's name when, in fact, the physician's order called for the administration of only 75 mg of Demerol. Further, respondent failed to chart the administration or wastage of the medication in the ED records and otherwise account for the disposition of the Demerol 175 mg.

e. On November 18, 1998, at 1645.22 hours, respondent removed Vistaril 50 mg from the Pyxis under Patient 04233342's name, but failed to chart the administration or wastage of the medication in the ED records and otherwise account for the disposition of the Vistaril 50 mg.

9. Respondent is 42 years old. He and his former spouse have two children, ages 13 and 12. Respondent lives in Selma, California.

An injury to his back led respondent into the nursing profession. After high school, respondent went into construction and became a general contractor. He injured his back in 1992, left the construction trade, and became an emergency medical technician in 1994. Respondent became licensed as a registered nurse in 1998. He worked at the University Medical Center in Fresno, a Level I trauma unit, for about a year, and then resigned and returned to construction. In 2001, respondent went to work for French Hospital in San Luis Obispo as a nurse, but was terminated in 2002. On April 29, 2003, respondent suffered a subarachnoid hemorrhage; a craniotomy was performed on an emergency basis. Respondent has been off work on disability since 2003. He has been left with a seizure disorder which is controlled by medication (Phenyton); he also takes medication for hypertension (Nitidipene). Respondent cannot drive, climb ladders, or swim alone because of his seizure disorder, but otherwise he has no restrictions or limitations.

10. From at least 1998 to November 2006, respondent had difficulties with alcohol and drugs which he acknowledges candidly and without qualification.

Respondent testified that, for a long time, he did not know he had a dependency problem and did not know what addiction was all about. He stated that he was a very good nurse – he was employee of the year at the University Medical Center – but he feels that he was poorly equipped emotionally to deal with the stresses of a Level I trauma center and the deaths of his mother and father. Respondent left nursing in 1998 because he knew that something was wrong. After he was terminated from French Hospital in 2002, respondent entered the board's diversion program. He thought he was doing well, but recognizes now that he was not, particularly after his surgery in April 2003 when he was given Valium and Vicodin during his month-long hospital stay. Respondent went to a diversion program meeting a few months after his surgery and was terminated from the program. After that, respondent testified, "everything got worse," including his drinking. He became homeless.

The Rescue Mission in Fresno ultimately took respondent in. Respondent testified that he almost got through a one-year alcohol dependence program, but then "stumbled" again and re-entered the program and completed it. Through a referral from his neurologist, respondent also received about eight months of psychiatric treatment. Respondent feels that the treatment was helpful, but he feels that addiction is the most important condition for him to address. Respondent has been clean and sober since November 2006.

Respondent is an active participant in Alcoholics Anonymous. He attends meetings every day, he has a sponsor, and he is working the steps. Respondent states that he understands the program now, and that it is going well. He has learned that he must live by the 12 steps, and he has learned that going back to the life he used to lead is not appealing to him. Respondent states that he is not angry or resentful, and he is trying to make amends. He has a girlfriend who is also sober. Respondent is trying to lead an active, healthy lifestyle. He has a good diet and he gets good rest. Respondent is also an avid cyclist; at the time of the hearing, he was planning to leave shortly on a cycling trip across the United States. He states that he has a home again, and life is wonderful. Respondent testified that he stipulated to the allegations set forth in the board's accusation because rigorous honesty is an important part of his 12 step program.

Respondent hopes to return to school to obtain his bachelor's degree. He does not want to return to the high stress of working in a hospital, but he believes that public health nursing would be a good field for him. Respondent would like to work in a school, or work with the homeless. He is grateful to the nurses who volunteered at the shelter when he was homeless, and feels that they represented the true spirit of nursing. Respondent would like to work in a similar setting and help people who are most in need.

Respondent believes that he now has the tools to complete a probationary program. He understands that the board's program is structured and carefully monitored, and he is confident that he can complete it.

11. The accusation seeks recovery of the board's costs of investigation and prosecution under Business and Professions Code section 125.3, but no evidence of the board's costs of investigation and prosecution was offered.

LEGAL CONCLUSIONS

1. First Cause for Discipline. Under Business and Professions Code section 2761, subdivision (f), and 490, the board may take disciplinary action against a licensed nurse for conviction of any offense substantially related to the qualifications, functions, and duties of a registered nurse. Cause for discipline under these sections exists by reason of the matters set forth in Factual Finding 2.

2. Second Cause for Discipline. Under Business and Professions Code section 2761, subdivision (a), the board may take disciplinary action against a licensed nurse for unprofessional conduct. Business and Professions Code section 2762, subdivision (b), states that it is unprofessional conduct for a licensed nurse to use alcoholic beverages in a manner "dangerous or injurious to himself . . . or any other person, or the public . . ." Cause for discipline exists under these sections by reason of the matters set forth in Factual Finding 2.

3. Third Cause for Discipline. Under Business and Professions Code section 2761, subdivision (a), the board may take disciplinary action against a licensed nurse for unprofessional conduct. Business and Professions Code section 2762, subdivision (c), states

that it is unprofessional conduct for a licensed nurse to be convicted of a criminal offense involving the consumption or self-administration of alcoholic beverages. Cause for discipline under these sections exists by reason of the matters set forth in Factual Finding 2.

4. Fourth Cause for Discipline. Under Business and Professions Code section 2761, subdivision (a), the board may take disciplinary action against a licensed nurse for unprofessional conduct. Business and Professions Code section 2762, subdivision (a), states that it is unprofessional conduct for a licensed nurse to obtain any controlled substance in violation of law. Under Health and Safety Code section 11173, it is unlawful to obtain a controlled substance by fraud, deceit, misrepresentation, or subterfuge. Cause for discipline under these sections exists by reason of the matters set forth in Factual Finding 5.

5. Fifth Cause for Discipline. Under Business and Professions Code section 2761, subdivision (a), the board may take disciplinary action against a licensed nurse for unprofessional conduct. Business and Professions Code section 2762, subdivision (e), states that it is unprofessional conduct for a licensed nurse to falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital or patient records relating to controlled substances. Cause for discipline under these sections exists by reason of the matters set forth in Factual Finding 6.

6. Sixth Cause for Discipline. Under Business and Professions Code section 2761, subdivision (a), the board may take disciplinary action against a licensed nurse for unprofessional conduct. Business and Professions Code section 2762, subdivision (a), states that it is unprofessional conduct for a licensed nurse to obtain any controlled substance in violation of law. Under Health and Safety Code section 11173, it is unlawful to obtain a controlled substance by fraud, deceit, misrepresentation, or subterfuge. Cause for discipline under these sections exists by reason of the matters set forth in Factual Finding 7.

7. Seventh Cause for Discipline. Under Business and Professions Code section 2761, subdivision (a), the board may take disciplinary action against a licensed nurse for unprofessional conduct. Business and Professions Code section 2762, subdivision (e), states that it is unprofessional conduct for a licensed nurse to falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital or patient records relating to controlled substances. Cause for discipline under these sections exists by reason of the matters set forth in Factual Finding 8.

8. Complainant recommends that respondent's license be revoked, but the revocation be stayed for three years, during which time respondent would be on probation subject to the board's conditions 1 through 19. It is a sound recommendation.² Respondent was experiencing serious medical problems in 2003 that interfered with his ability to complete the board's diversion program, and those problems have now stabilized. Respondent has a better understanding of his addiction now than he did in 2003. He has

² Standard condition 11 (cost recovery), however, cannot be imposed because no evidence of the board's costs was offered.

embraced the AA program, he is clean and sober, and he appears to be sincerely committed to his recovery program. Respondent's desire to pursue his undergraduate degree and use his nursing background in a setting compatible with his seizure disorder is commendable. It would not be contrary to the public interest to permit respondent to retain his license on a probationary basis, subject to the strict supervision of the board.

ORDER

Registered Nurse License No. 541002 issued to respondent Douglas Hannah is revoked. However, the revocation is stayed and respondent is placed on probation for three years on the following conditions. Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1. **OBEY ALL LAWS.** Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

If respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

2. **COMPLY WITH THE BOARD'S PROBATION PROGRAM.** Respondent shall fully comply with the conditions of the Probation Program established by the board and cooperate with representatives of the board in its monitoring and investigation of the respondent's compliance with the board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the board, including during any period of suspension. Upon successful completion of probation, respondent's license shall be fully restored.
3. **REPORT IN PERSON.** Respondent, during the period of probation, shall appear in person at interviews/meetings as directed by the board or its designated representatives.
4. **RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE.** Periods of residency or practice as a registered nurse outside of California

shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when he resides outside of California. Respondent must provide written notice to the board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where he has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the board if he applies for or obtains a new nursing license during the term of probation.

5. **SUBMIT WRITTEN REPORTS.** Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license.

6. **FUNCTION AS A REGISTERED NURSE.** Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the board.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of his good faith efforts to comply with this condition, and if no other conditions have been violated, the board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order

to comply with this condition. During the one year extension, all original conditions of probation shall apply.

7. **EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS.**
Respondent shall obtain prior approval from the board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the board all performance evaluations and other employment related reports as a registered nurse upon request of the board.

Respondent shall provide a copy of this decision to his employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, respondent shall notify the board in writing within seventy-two (72) hours after he obtains any nursing or other health care related employment. Respondent shall notify the board in writing within seventy-two (72) hours after he is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

8. **SUPERVISION.** Respondent shall obtain prior approval from the board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

- (d) Home Health Care - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

- 9. EMPLOYMENT LIMITATIONS. Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If respondent is working or intends to work in excess of 40 hours per week, the board may request documentation to determine whether there should be restrictions on the hours of work.

- 10. COMPLETE A NURSING COURSE(S). Respondent, at his own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of his probationary term. Respondent shall obtain prior approval from the board before enrolling in the course(s). Respondent shall submit to the board the original transcripts or certificates of completion for the above required course(s). The board shall return the original documents to respondent after photocopying them for its records.

11. **VIOLATION OF PROBATION.** If respondent violates the conditions of his probation, the board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the board.

12. **LICENSE SURRENDER.** During respondent's term of probation, if he ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender his license to the board. The board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the board. A registered nurse whose license has been surrendered may petition the board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

- (1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
- (2) One year for a license surrendered for a mental or physical illness.

13. **PHYSICAL EXAMINATION.** Within 45 days of the effective date of this decision, respondent, at his expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the board before the assessment is performed, submit an assessment of the respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the board. If medically determined, a recommended treatment program will be instituted and followed by respondent with the physician, nurse practitioner, or physician assistant providing written reports to the board on forms provided by the board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the board and respondent by

telephone, and the board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the board is required until the board has notified respondent that a medical determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to have the above assessment submitted to the board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the board. This period of suspension will not apply to the reduction of this probationary time period. The board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

14. **PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE.** Respondent, at his expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the board. If respondent has not completed a board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the board shall consider respondent in violation of probation.

Based on board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

15. **ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS.** Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care

professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

16. **SUBMIT TO TESTS AND SAMPLES.** Respondent, at his expense, shall participate in a random, biological fluid testing or a drug screening program which the board approves. The length of time and frequency will be subject to approval by the board. Respondent is responsible for keeping the board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he is not available and ensure that reports are submitted directly by the testing agency to the board, as directed. Any confirmed positive finding shall be reported immediately to the board by the program and respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the board or any of its representatives, and shall, when requested, submit to such tests and samples as the board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the board files a petition to revoke probation or an accusation, the board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, the respondent shall immediately cease practice and shall not resume practice until notified by the board. After taking into account documented evidence of mitigation, if the board files a petition to revoke probation or an accusation, the board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

17. **MENTAL HEALTH EXAMINATION.** Respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine his capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the board. All costs are the responsibility of the respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by the respondent.

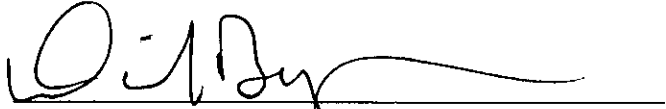
If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the board and respondent by telephone, and the board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the board. During this period of suspension, respondent shall not engage in any practice for which a license issued by the board is required, until the board has notified respondent that a mental health determination permits respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If the respondent fails to have the above assessment submitted to the board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the board. This period of suspension will not apply to the reduction of this probationary time period. The board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

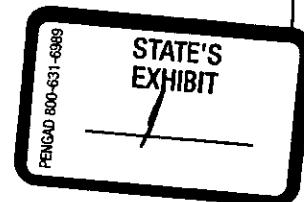
18. **THERAPY OR COUNSELING PROGRAM.** Respondent, at his expense, shall participate in an on-going counseling program until such time as the board releases him from this requirement and only upon the recommendation

of the counselor. Written progress reports from the counselor will be required at various intervals.

DATED: June 13, 2007

A handwritten signature in black ink, appearing to read "D. Benjamin", written over a horizontal line.

DAVID L. BENJAMIN
Administrative Law Judge
Office of Administrative Hearings



BILL LOCKYER, Attorney General
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Supervising Deputy Attorney General
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Attorneys for Complainant

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 2007-163

DOUGLAS HANNAH,
a.k.a. DOUGLAS R. L. HANNAH,
a.k.a. DOUGLAS RAJON LEE HANNAH,
a.k.a. DOUG HANNAH
P.O. Box 1583
Clovis, CA 93613-1583

ACCUSATION

Registered Nurse License No. 541002

Respondent.

Complainant alleges:

PARTIES

1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation solely in her official capacity as the Executive Officer of the Board of Registered Nursing ("Board"), Department of Consumer Affairs.

2. On or about February 27, 1998, the Board issued Registered Nurse License Number 541002 to Douglas Hannah, also known as Douglas R. L. Hannah, Douglas Rajon Lee Hannah, and Doug Hannah ("Respondent"). Respondent's registered nurse license was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2008, unless renewed.

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1 (c) Be convicted of a criminal offense involving the prescription,
2 consumption, or self-administration of any of the substances described in
3 subdivisions (a) and (b) of this section, or the possession of, or falsification of
4 a record pertaining to, the substances described in subdivision (a) of this section,
5 in which event the record of the conviction is conclusive evidence thereof

6

7 (e) Falsify, or make grossly incorrect, grossly inconsistent, or
8 unintelligible entries in any hospital, patient, or other record pertaining to the
9 substances described in subdivision (a) of this section.

10 7. Code section 2765 states:

11 A plea or verdict of guilty or a conviction following a plea of nolo
12 contendere made to a charge substantially related to the qualifications, functions
13 and duties of a registered nurse is deemed to be a conviction within the meaning
14 of this article. The board may order the license or certificate suspended or revoked,
15 or may decline to issue a license or certificate, when the time for appeal has elapsed,
16 or the judgment of conviction has been affirmed on appeal or when an order
17 granting probation is made suspending the imposition of sentence, irrespective of
18 a subsequent order under the provisions of Section 1203.4 of the Penal Code
19 allowing such person to withdraw his or her plea of guilty and to enter a plea of
20 not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
21 information or indictment.

22 8. Code section 4022 states:

23 "Dangerous drug" or "dangerous device" means any drug or device unsafe
24 for self-use in humans or animals, and includes the following:

25 (a) Any drug that bears the legend: "Caution: federal law prohibits
26 dispensing without prescription," "Rx only," or words of similar import.

27 (b) Any device that bears the statement: "Caution: federal law restricts this
28 device to sale by or on the order of a -----," "Rx only," or words of similar
import, the blank to be filled in with the designation of the practitioner licensed to
use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully
dispensed only on prescription or furnished pursuant to Section 4006.

9. Health and Safety Code section 11173, subdivision (a), states, in pertinent
part:

No person shall obtain or attempt to obtain controlled substances, or
procure or attempt to procure the administration of or prescription for controlled
substances, (1) by fraud, deceit, misrepresentation, or subterfuge . . .

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1 violation of Vehicle Code section 20002, subdivision (a) (hit and run), crimes substantially
2 related to the qualifications, functions, and duties of a registered nurse.

3 18. The circumstances of the crimes are that on or about June 9, 2004,
4 Respondent unlawfully drove a vehicle while having .20 % and more, by weight, of alcohol in
5 his blood (Respondent's blood alcohol level was determined to be 0.35%). Further, Respondent,
6 who was the driver of a vehicle involved in an accident resulting in damage to property,
7 unlawfully failed to stop the vehicle at the scene of the accident and inform the owner of the
8 damaged property or a law enforcement agency as required by law.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Use of Alcoholic Beverages to an Extent or in a Manner**

11 **Dangerous or Injurious to Oneself and Others)**

12 19. Respondent is subject to disciplinary action pursuant to Code section
13 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
14 2762, subdivision (b), in that on or about June 9, 2004, Respondent used alcoholic beverages to
15 an extent or in a manner dangerous or injurious to himself and others, as set forth in paragraphs
16 17 and 18 above.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **(Conviction of a Crime Involving Consumption of Alcoholic Beverages)**

19 20. Respondent is subject to disciplinary action pursuant to Code section
20 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
21 2762, subdivision (c), in that on or about October 5, 2004, Respondent was convicted of a
22 criminal offense involving the consumption of alcoholic beverages, as set forth in paragraph 17
23 above.

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FRENCH HOSPITAL MEDICAL CENTER

FOURTH CAUSE FOR DISCIPLINE

(Diversion of Controlled Substances)

21. Respondent is subject to disciplinary action pursuant to Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section 2762, subdivision (a), in that in and between November 2001, and December 2001, while employed and on duty as a registered nurse in the Emergency Room ("ER") at French Hospital Medical Center ("FHMC"), San Luis Obispo, California, Respondent obtained the controlled substances morphine, Dilaudid, and Fentanyl by fraud, deceit, misrepresentation, or subterfuge, in violation of Health and Safety Code section 11173, subdivision (a), as follows:

Patient/Medical Record No. H003843131:

a. On or about November 17, 2001, at 2247 hours, Respondent obtained an unknown quantity of morphine by removing morphine 20 mg from the Pyxis under Patient H003843131's name when, in fact, the physician's order called for the administration of only 2 to 10 mg of the medication to the patient. Further, Respondent falsified or made grossly incorrect, grossly inconsistent, or unintelligible entries in the ER records to conceal his diversion of the morphine, as set forth in subparagraph 22 (a) below.

b. On or about November 17, 2001, Respondent obtained Dilaudid 2 mg by removing the Dilaudid from the Pyxis under Patient H003843131's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, Respondent failed to chart the administration or wastage of the Dilaudid in the ER records and otherwise account for the disposition of the Dilaudid 2 mg.

c. On or about November 18, 2001, Respondent obtained Dilaudid 2 mg by removing the Dilaudid from the Pyxis under Patient H003843131's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, Respondent failed to chart the administration or wastage of the Dilaudid in the ER records and otherwise account for the disposition of the Dilaudid 2 mg.

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Patient/Medical Record No. H3846041:

d. On or about November 19, 2001, Respondent obtained an unknown quantity of morphine by removing various doses of morphine from the Pyxis under Patient H3846041's name in excess of the quantities ordered by the patient's physician. Further, Respondent falsified or made grossly incorrect, grossly inconsistent, or unintelligible entries in the ER records to conceal his diversion of the morphine, as set forth in subparagraphs 22 (c) and (d) below.

Patient/Medical Record No. H3851320:

e. On or about November 20, 2001, Respondent obtained a total of 20 mg of morphine by removing two separate doses of morphine 10 mg from the Pyxis under Patient H3851320's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, Respondent failed to chart the administration or wastage of the morphine in the ER records and otherwise account for the disposition of the morphine 20 mg.

Patient/Medical Record No. H003886972:

f. On or about December 5, 2001, Respondent obtained morphine 10 mg by removing the morphine from the Pyxis under Patient H003886972's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, Respondent failed to chart the administration or wastage of the morphine in the ER records and otherwise account for the disposition of the morphine 10 mg.

Patient/Medical Record No. H003886352:

g. On or about December 5, 2001, Respondent obtained Fentanyl 100 mcg by removing the Fentanyl from the Pyxis under Patient H003886352's name and failing to chart the administration or wastage of the Fentanyl in the ER records or otherwise account for the disposition of the Fentanyl 100 mcg.

Patient/Medical Record No. H003893251:

h. On or about December 6, 2001, Respondent obtained Dilaudid 4 mg by removing the Dilaudid from the Pyxis under Patient H003893251's name when, in fact, there was no physician's order authorizing the medication for the patient. Further, Respondent failed to

1 chart the administration or wastage of the medication in the ER records and otherwise account
2 for the disposition of the Dilaudid 4 mg.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 **(False Entries in Hospital/Patient Records)**

5 22. Respondent is subject to disciplinary action pursuant to Code section
6 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
7 2762, subdivision (e), in that in and between November 2001, and December 2001, while
8 employed and on duty as a registered nurse at FHMC, Respondent falsified, or made grossly
9 incorrect, grossly inconsistent, or unintelligible entries in hospital, patient, or other records
10 pertaining to the controlled substances morphine, Dilaudid, and Fentanyl, as follows:

11 **Patient/Medical Record No. H003843131:**

12 a. On November 17, 2001, at 2247 hours, Respondent removed morphine 20
13 mg from the Pyxis under Patient H003843131's name, when, in fact, the physician's order called
14 for the administration of only 2 to 10 mg of the medication to the patient. Further, Respondent
15 charted in the ER records that he administered morphine to the patient at 2240 hours, but failed
16 to document *the amount* of medication administered.

17 b. On November 17, 2001, at 0010 hours, Respondent removed morphine 10
18 mg from the Pyxis under Patient H003843131's name, charted in the ER records that he
19 administered 5 mg morphine to the patient at 0010 hours, but charted the remaining 5 mg
20 morphine to the patient at *0030 hours*.

21 **Patient/Medical Record No. H3846041:**

22 c. On November 19, 2001, at 1741 hours, Respondent removed morphine 10
23 mg from the Pyxis under Patient H3846041's name, when, in fact, the physician's order called for
24 the administration of only 3 mg morphine to the patient. Further, Respondent charted in the ER
25 records that he administered *6 mg* morphine to the patient at 1700 hours, failed to chart the
26 wastage of the remaining 4 mg morphine and otherwise account for the disposition of the 4 mg
27 morphine.

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1 d. On November 19, 2001, at 1911 hours, Respondent removed morphine 10
2 mg from the Pyxis under Patient H3846041's name, when, in fact, the physician's order called for
3 the administration of only 3 mg morphine to the patient. Further, Respondent charted in the ER
4 records that he administered 6 mg morphine to the patient at 1910 hours, failed to chart the
5 wastage of the remaining 4 mg morphine and otherwise account for the disposition of the 4 mg
6 morphine.

7 **Patient/Medical Record No. H3851320:**

8 e. On November 20, 2001, at 2229 hours, Respondent removed Dilaudid
9 2 mg from the Pyxis under patient H3851320's name, but charted in the ER records that he
10 administered 1 mg Dilaudid to the patient at 2230 hours, failed to chart the wastage of the
11 remaining 1 mg Dilaudid and otherwise account for the disposition of the 1 mg Dilaudid.

12 **Patient/Medical Record No. H003886352:**

13 f. On December 5, 2001, at 0847 hours, Respondent removed Fentanyl 100
14 mcg from the Pyxis under patient H003886352's name, but failed to chart the administration or
15 wastage of the medication in the ER records or otherwise account for the disposition of the
16 Fentanyl 100 mcg.

17 **KAISER PERMANENTE HOSPITAL**

18 **SIXTH CAUSE FOR DISCIPLINE**

19 **(Diversion of Controlled Substances)**

20 23. Respondent is subject to disciplinary action pursuant to Code section
21 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
22 2762, subdivision (a), in that on or about October 31, 1998, and November 18, 1998, while
23 employed by ATC Nurse Registry, San Francisco, California, and assigned to work and on duty
24 as a registered nurse in the Emergency Department ("ED") at Kaiser Permanente Hospital,
25 Walnut Creek, California, Respondent obtained the controlled substance Demerol by fraud,

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1 deceit, misrepresentation, or subterfuge in violation of Health and Safety Code section 11173,
2 subdivision (a), as follows:

3 a. On or about October 31, 1998, Respondent obtained an unknown quantity
4 of Demerol by removing Demerol 100 mg from the Pyxis under patient 06736009's name, when,
5 in fact, the physician's order called for the administration of only 60 mg Demerol to the patient.
6 Further, Respondent falsified or made a grossly incorrect, grossly inconsistent, or unintelligible
7 entry in the ED records to conceal his diversion of the Demerol, as set forth in subparagraph 24
8 (b) below.

9 b. On or about November 18, 1998, Respondent obtained a total of 175 mg
10 of Demerol by removing Demerol 75 mg from the Pyxis at 1644.03 hours and Demerol 100 mg
11 from the Pyxis at 1650.45 under Patient 0423342's name, when, in fact, the physician's order
12 called for the administration of only 75 mg of Demerol. Further, Respondent failed to chart the
13 administration or wastage of the medication in the ED records and otherwise account for the
14 disposition of the Demerol 175 mg.

15 **SEVENTH CAUSE FOR DISCIPLINE**

16 **(False Entries in Hospital/Patient Records)**

17 24. Respondent is subject to disciplinary action pursuant to Code section
18 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
19 2762, subdivision (e), in that in and between October 1998, and November 1998, while
20 employed by ATC Nurse Registry, San Francisco, California, and assigned to work and on duty
21 as a registered nurse in the ED at Kaiser Permanente Hospital, Walnut Creek, California,
22 Respondent falsified, or made grossly incorrect, grossly inconsistent, or unintelligible entries in
23 hospital, patient, or other records pertaining to the controlled substance Demerol and dangerous
24 drugs Phenergan and Vistaril, as follows:

25 **Patient/Medical Record No. 01248607:**

26 a. On October 31, 1998, at 2049:26, Respondent removed hydroxyzine
27 (Vistaril) 50 mg from the Pyxis under patient 01248607's name when, in fact, the physician's

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1 order called for the administration of *Phenergan* 50 mg to the patient. Further, Respondent
2 charted in the ED records that he administered *Phenergan* 50 mg to the patient at 2052 hours.

3 **Patient/Medical Record No. 06736009:**

4 b. On October 31, 1998, at 1827.43 hours, Respondent removed Demerol
5 100 mg from the Pyxis under patient 06736009's name when, in fact, the physician's order called
6 for the administration of only 60 mg Demerol to the patient. Further, Respondent charted in the
7 ED records that he administered Demerol 60 mg to the patient at 1835 hours, but failed to chart
8 the wastage of the remaining Demerol 40 mg or otherwise account for the disposition of the
9 Demerol 40 mg. In addition, Respondent noted the physician's order for Demerol 60 mg in the
10 ED records at 1840 hours.

11 c. On October 31, 1998, at 1828.21 hours, Respondent removed hydroxyzine
12 (Vistaril) 50 mg from the Pyxis under patient 06736009's name when, in fact, the physician's
13 order called for the administration of *Phenergan* 25 mg to the patient. Further, Respondent
14 charted in the ED records that he administered *Phenergan* 25 mg to the patient at 1835 hours. In
15 addition, Respondent noted the physician's order for *Phenergan* 25 mg in the ED records at 1840
16 hours.

17 **Patient/Medical Record No. 04233342:**

18 d. On November 18, 1998, between 1644.03 and 1650.45 hours, Respondent
19 removed a total of 175 mg of Demerol from the Pyxis under patient 04233342's name when, in
20 fact, the physician's order called for the administration of only 75 mg of Demerol. Further,
21 Respondent failed to chart the administration or wastage of the medication in the ED records and
22 otherwise account for the disposition of the Demerol 175 mg.

23 e. On November 18, 1998, at 1645.22 hours, Respondent removed Vistaril
24 50 mg from the Pyxis under patient 04233342's name, but failed to chart the administration or
25 wastage of the medication in the ED records and otherwise account for the disposition of the
26 Vistaril 50 mg.

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1 **PRAYER**


2 WHEREFORE, Complainant requests that a hearing be held on the matters herein
3 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

4 1. Revoking or suspending Registered Nurse License Number 541002, issued
5 to Douglas Hannah, also known as Douglas R. L. Hannah, Douglas Rajon Lee Hannah, and Doug
6 Hannah;

7 2. Ordering Douglas Hannah, also known as Douglas R. L. Hannah, Douglas
8 Rajon Lee Hannah, and Doug Hannah, to pay the Board of Registered Nursing the reasonable
9 costs of the investigation and enforcement of this case, pursuant to Business and Professions
10 Code section 125.3;

11 3. Taking such other and further action as deemed necessary and proper.
12

13 DATED: 12/12/06

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15 
16 RUTH ANN TERRY, M.P.H., R.N.
17 Executive Officer
18 Board of Registered Nursing
19 Department of Consumer Affairs
20 State of California

21 Complainant
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